## The State of New Hampshire

	COUNTY	PRO	PROBATE COURT	
	THE ESTATE OF			
	DOCKET NUMBER:			
	WAIVER OF FULL ADMINISTRATION AFFIDAVIT			
	I, was appointed fiduciary of the above estate			
on	, and under oath depose and say as follows:			
1.	To the best of my knowledge and belief, there are no outstanding debts or obligations attributable to the deceased's estate.			
2.	I certify that six months have passed since my date of appointment (specified above) and that no interested person has petitioned for full administration of this estate.			
3.	I certify that the following is all the real estate owned by the deceased at the time of			
	his/her death, and that it has passed to			
	LOCATION OF REAL ESTATE	COUNTY REGISTRY OF DEEDS	BOOK/PAGE	
4.	If real estate is listed in #3 above, I certify that I have notified either the assessor of the			
	city of or the selectmen of the town of			
	as required by RSA 554:18-a, by providing them with a copy of this form.			
Da	te:			
Du		Surviving Spouse or Ch	nild Signature	
	Telephone Number	Mailing Address		
	THE STATE	OF NEW HAMPSHIRE		
	COUNTY DATE			
Aff	Personally appeared the above named atements made are true, according to his fix Seal of Commission Expires	s/her best knowledge and belief. Befo		
iviy	Commission Expires	Justice of the Peace/No	tary Public	
		ORDER		
<u></u>				
Thi	is affidavit is approved.			
Da	te:	Judae	_	
		JUUUC		

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